

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) EPROV-0017								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Hans Rudolf MUELLER et al.</td> </tr> <tr> <td style="width: 60%; padding: 5px;">Application Number 10/030,692</td> <td style="padding: 5px;">Filed January 14, 2002</td> </tr> <tr> <td colspan="2" style="padding: 5px;">PROCESS FOR THE PREPARATION OF OPTICALLY PURE TETRAHYDROPTERINS AND DERIVATIVES, AND SPECIFICALLY OF OPTICALLY PURE TETRAHYDROFOLIC ACID AND DERIVATIVES THEREOF, BY STEREOSPECIFIC For HYDROGENATION</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit 1624</td> <td style="padding: 5px;">Examiner Mark L. Berch</td> </tr> </table>			In re Application of Hans Rudolf MUELLER et al.		Application Number 10/030,692	Filed January 14, 2002	PROCESS FOR THE PREPARATION OF OPTICALLY PURE TETRAHYDROPTERINS AND DERIVATIVES, AND SPECIFICALLY OF OPTICALLY PURE TETRAHYDROFOLIC ACID AND DERIVATIVES THEREOF, BY STEREOSPECIFIC For HYDROGENATION		Group Art Unit 1624	Examiner Mark L. Berch
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))         </div> <div style="text-align: right;">           \$ _____  <u>\$450.00</u>            \$ _____            \$ _____            \$ _____         </div> </div> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p style="padding-left: 40px;">I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="padding-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 80px;">Registration number if acting under 37 CFR 1.34(a), _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ April 16, 2008 Date</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____ /Csaba Henter/ Signature</p> <p style="text-align: center;">_____ Csaba Henter, Reg. No. 50,908 Typed or printed name</p> </div> </div>										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>										